



Incident Report

Print Date/Time: 04/28/2016 11:09
Login ID: ss0100

Lake Stevens Police Department
ORI Number: WA0311900

Incident: 2016-00006357

Incident Date/Time: 4/4/2016 6:04:00 PM
Location: 3309 LAKE DR
LAKE STEVENS WA 98258
Phone Number: (425) 647-0327
Report Required: No
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens
Source: 911
Priority: 2
Status: 2
Nature of Call:

Unit/Personnel

Unit	Personnel
19N2	SS0127-Adams
19N3	SS0130-Rutherford
19R1	SS0131-Wells

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	BASHOUR, JUSTIN LOUIS, Jr.	16022 82ND ST Lake Stevens WA 98258	982589671	White	Male	06/26/1997
1	Victim	HOFFMAN, AMY CHRISTINE	3303 LAKE DR Lake Stevens WA 98258	(425) 879-7880	White	Female	09/13/1971

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
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Disposition(s)

Disposition	Count
R	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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CAD Narrative

04/04/2016 : 18:59:37 SP0323 Narrative: MILAGE 8.8

04/04/2016 : 18:59:23 SP0323 Narrative: 8.8

04/04/2016 : 18:38:43 SP0386 Narrative: TOW OS

04/04/2016 : 18:29:12 SP0323 Narrative: 3 YEL

04/04/2016 : 18:28:48 SP0386 Narrative: RESCUE TOWING ER

04/04/2016 : 18:27:41 SP0386 Narrative: SVR Notes: OWNERS REQ RESCUE TOWING

04/04/2016 : 18:24:34 SP0323 Narrative: 2 VEH MOD SPEED

04/04/2016 : 18:15:46 SP0386 Narrative: REQ AID, AIRBAG DEPLOYEMENT, 23YO NECK AND BACK PAIN, CABN

04/04/2016 : 18:07:33 SP0263 Narrative: LR263

04/04/2016 : 18:06:34 SP0263 Narrative: 2 VEHS, SLOW SPEED HEAD ON, AID DECLINED, INK BLK HONDA CIVIC, VS SILV MAZDA 3, BLKNG RDWY

04/04/2016 : 18:05:16 SP0263 Narrative: RP NOT SURE OF LOC, VIA MAPPING



LAKE STEVENS POLICE DEPARTMENT

INCIDENT STATEMENT FORM

CASE NUMBER 16-6357VICTIM ☐ WITNESS ☐NON-DISCLOSURE ☐

NAME (LAST, FIRST, MIDDLE) <u>HOFFMAN, AMY, C</u>		RACE <u>WH</u>	ETHNICITY	SEX <u>F</u>	D.O.B. <u>9-13-71</u>	AGE <u>44</u>	HGT <u>5'6"</u>	WGT <u>200</u>	HAIR <u>BR</u>	EYES <u>BR</u>
STREET ADDRESS <u>3303 LAKE DRIVE</u>				CITY <u>LAKE STEVENS</u>		STATE <u>WA</u>		ZIP <u>98358</u>		
HOME PHONE <u>425 397-2797</u>		CELL PHONE <u>425 879-7880</u>			WORK PHONE <u>360-568-1551</u>					
EMAIL ADDRESS (OPTIONAL) <u>AKHOFFMAN4@YAHOO.COM</u>					PLACE OF EMPLOYMENT <u>COFFEE FAMILY VISION</u>					

STATEMENT:

AT 6 PM I WAS TRAVELING S/E ON LAKE DRIVE ON 32ND ST. APPROACHING MY HOME AT 3303 LAKE DRIVE TO MAKE A LEFT TURN INTO MY DRIVEWAY WHEN I WAS STRUCK BY AN ONCOMING VEHICLE ON MY FRONT AND DRIVERS SIDE. I WAS TRAVELING AT A SPEED OF 20 MPH.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE:

DATE SIGNED:

4-14-16

OFFICER/NUMBER:

C. WELLS / 171

DATE SIGNED:

4/14/16

OUR MISSION STATEMENT: "WE BELIEVE THAT PRESERVING LIFE, ENSURING JUSTICE AND GUARDING DEMOCRACY ARE VITAL TO A SAFE, HEALTHY, AND PROSPEROUS COMMUNITY"



LAKE STEVENS POLICE DEPARTMENT

INCIDENT STATEMENT FORM

CASE NUMBER 16-6357VICTIM ☐ WITNESS ☒NON-DISCLOSURE ☐

NAME (LAST, FIRST, MIDDLE) <u>Bashour Justin Louis</u>		RACE <u>W</u>	ETHNICITY	SEX <u>M</u>	D.O.B. <u>6/26/97</u>	AGE <u>18</u>	HGT <u>6.0</u>	WGT <u>145</u>	HAIR <u>Brown</u>	EYES <u>Blue</u>
STREET ADDRESS <u>16022 92nd St NE</u>				CITY <u>Lake Stevens</u>		STATE <u>WA</u>		ZIP <u>98259</u>		
HOME PHONE		CELL PHONE <u>425-647-0327</u>			WORK PHONE					
EMAIL ADDRESS (OPTIONAL) <u>JLBashour@rocketmail.com</u>					PLACE OF EMPLOYMENT					

STATEMENT:

We were driving down lake drive and some lady
didn't see us and tried pulling in her driveway
and hit us head on.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE:

DATE SIGNED:

4/4/16

OFFICER/NUMBER:

C. W. Rous / 131

DATE SIGNED:

4/4/16

OUR MISSION STATEMENT: "WE BELIEVE THAT PRESERVING LIFE, ENSURING JUSTICE AND GUARDING DEMOCRACY ARE VITAL TO A SAFE,
HEALTHY, AND PROSPEROUS COMMUNITY"

2016-0006357 Collision Report

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591971

REPORT NO. **E537654**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION	
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CASE #	2016-0006357
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LOCAL AGENCY CODING	0664
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TOTAL # OF UNITS	02	OBJECT STRUCK	
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M	M	D	D	Y	Y	Y	Y	TIME (2400)	COUNTY #	MILES	N	E	IN	OF	CITY #
DATE OF COLLISION	04	-	04	-	2016			1806	31			S	W	0664	

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>
LAKE DR	BLOCK NO. <input checked="" type="checkbox"/>	3300
	MILE POST	

DISTANCE		MILES	N	E	OF (REFERENCE OR CROSS STREET)
			S	W	

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4258797880
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LAST NAME	HOFFMAN	FIRST NAME	AMY	MIDDLE INITIAL	C
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STREET NEW ADDRESS	3303 LAKE DR
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CITY	LAKE STEVENS	ST	WA	ZIP	982588773
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	HOFFMAC292OL	STATE	WA	SEX	F	D.O.B. MMDDYYYY	09	-	13	-	1971
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	3	RESTR.	4	EJECT	1	HELMET USE	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	AKU6609	STATE	WA	VIN#	JM1BL1LP3D1737658
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	2013	MAKE	MAZD	MODEL	M3H	STYLE	4H	VEHICLE TOWED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	RESCUE TOWING	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. AMY HOFFMAN 3303 LAKE DR LAKE STEVENS WA 982588773 D: 4258797880

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	AMERIPRISE AX00733631
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4256228519
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LAST NAME	HEIGES	FIRST NAME	EMILEE	MIDDLE INITIAL	N
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STREET NEW ADDRESS	9507 16TH PL NE
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CITY	LAKE STEVENS	ST	WA	ZIP	982588587
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CDL	RESTRICTIONS	B	ENDORSEMENTS
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DRIVER'S LICENSE #	HEIGEEN052MJ	STATE	WA	SEX	F	D.O.B. MMDDYYYY	07	-	11	-	1995
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	INJURY CLASS	7	NATURE OF INJURIES
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LICENSE PLATE #	ACW9362	STATE	WA	VIN#	SHHEP335544502485
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	2004	MAKE	HOND	MODEL	CIV3D	STYLE		VEHICLE TOWED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	RESCUE TOWING	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. EMILEE HEIGES 9507 16TH PL NE LAKE STEVENS WA 982588587 D: 4256228519

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	GEICO 4190-83-39-49
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	C. WELLS	BADGE OR ID #	0131	AGENCY	WA0311900
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**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E537654**CASE # **2016-00006357**
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		BASHOUR JR JUSTIN L																
ADDRESS & PHONE # 16022 82ND ST NE LAKE STEVENS WA 982589671										SEX M	D.O.B. MMDDYYYY 06	-	26	-	1997			
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	2	SEAT POS.	3	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

NARRATIVE

Unit #1 HOFFMAN was traveling southbound on Lake Road. She was slowing to turn left (east) into her driveway when she hit Unit #2 HEIGES who was traveling northbound on Lake Road. The passenger (BASHOUR) of Unit #2 estimated they were traveling at 30 M.P.H.

Based on the damage and damage location I believe Unit #1 HOFFMAN failed to grant the right of way to Unit #2 HEIGES.

Both vehicles were towed due to damage. Unit #2 HEIGES was transported to the hospital for neck and back pain.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

C. WELLS

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

04-05-16 12:01 AM

DATED

PLACE SIGNED

APPROVED BY

R. BROOKS 0013

DATE

4/26/2016 2:58:02 PM

BADGE OR ID #	0131	ORI #	WA0311900	TIME POLICE DISPATCHED	6:07 PM	TIME POLICE ARRIVED	6:12 PM
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REPORT NO. E537654

CASE # 2016-00006357

DATE AND TIME
OF COLLISION 04/04/16 18:06

